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|---|--|--|--------------------------------------|--|---|---|---|--|----------------------------|----------------------|--|------------------------|--|
| ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.) | | | | | | Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 | | PAGE 1 OF 4 | | | | | |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. | | | | | | | | | | | | | |
| PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6. | | | | | | | | | | | | | |
| 1. CONTRACT/PURCH ORDER NO. SP0760-03-D-5027 | | | 2. DELIVERY ORDER NO. 0005 | | 3. DATE OF ORDER (YYMMDD) 2004 MAY 12 | | 4. REQUISITION/PURCH REQUEST NO. YPC04131000804 | | 5. PRIORITY DOC9 | | | | |
| 6. ISSUED BY CODE SP0700 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMEECB (614)692-1192 / FAX: (614)693-1551 E-mail: Cheryl.Burzynski@dla.mil | | | | 7. ADMINISTERED BY (If other than 6) CODE SC0700 DEFENSE SUPPLY CENTER COLUM DSCC-MEECB 614-692-1192 BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010 CRITICALITY: B | | | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other) | | | | | |
| 9. CONTRACTOR CODE 09456 QUALITY CONTROL CORP. /QUALISEAL TECHNOLOGY DIVISION 7319 WEST WILSON AVENUE HARWOOD HEIGHTS IL 60706-4707 | | | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 90 DAYS ADO | | 11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | | | |
| NAME AND ADDRESS | | | | 12. DISCOUNT TERMS NET 30 days | | 13. MAIL INVOICES TO See Block 15 | | | | | | | |
| 14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6 | | | | 15. PAYMENT WILL BE MADE BY CODE S33181 S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 EFT: T | | | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | | | | | |
| 16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | | |
| NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150 | | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/SERVICE | | | | 20. QUANTITY ORDERED/ACCEPTED* | | 21. UNIT | | 22. UNIT PRICE | | 23. AMOUNT | |
| | | Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. | | | | TOTAL: 18 | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | 24. UNITED STATES OF AMERICA Marie Michel PMMLT13 BY: <i>Marie E. Michel</i> TRACTING/ORDERING OFFICER HER NO. | | | | 25. TOTAL \$ 5202.00 | | 29. DIFFERENCE | | 30. INITIALS | |
| 26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | 34. CHECK NUMBER | | 35. BILL OF LADING NO. | |
| 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | | | | 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | |
| | | | | | | | | | | 42. S/R VOUCHER NO. | | | |

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| CONTINUATION SHEET | Order Number: SP0760-03-D-5027-0005 | PAGE 2 | OF PAGES 4 |
| <p>PLEASE REFER TO BASIC CONTRACT FOR ALL APPLICABLE CLAUSES, ITEM DESCRIPTION AND PACKAGING REQUIREMENTS.</p> | | | |

CONTINUATION SHEET

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SECTION B

PR YPC04131000804
NSN 4320-01-279-2321

ITEM DESCRIPTION:

SEAL ASSEMBLY, SHAFT, SPRING LOADED.

CRITICAL APPLICATION ITEM

BLACKMER/A DOVER COMPANY (07524) P/N 335159
QUALITY CONTROL CORP. /QUALISEAL (09456) P/N LO-8504 REV E

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | YPC04131000804 | 0002 | 18 | EA | \$289.00000 | \$5202.00 |

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: DEST
ACCEPTANCE POINT: DEST

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 31: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = 00: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = E6: OPI = O:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E
DATED 3029

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002, as amended by Change Notice 1, dated January 15, 2004. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall

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SECTION B

meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: DESTINATION BY: 2004 AUG 10

PARCEL POST ADDRESS:

SW3117
DEF DIST DEPOT NORFOLK VA
RECEIVING OFFICER DDNV PR
1968 GILBERT ST BLDG W143 DWY 9
NORFOLK VA 23512-0001

FREIGHT SHIPPING ADDRESS:

SW3117
DEF DIST DEPOT NORFOLK VA
RECEIVING OFFICER DDNV PR
1968 GILBERT ST BLDG 135 DWY 10
NORFOLK VA 23512-0001

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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